



MITCHELL E. DANIELS, Jr., Governor

STATE OF INDIANA

DEPARTMENT OF HOMELAND SECURITY

J. ERIC DIETZ, EXECUTIVE DIRECTOR

*Indiana Department of Homeland Security
Indiana Government Center South
302 West Washington Street
Indianapolis, IN 46204
317-232-3980*

**CANDIDATES FOR RECERTIFICATION
BASED ON PREVIOUS CERTIFICATION**

Applicant's Name _____
(Last) (First) (Middle)

Mailing Address _____
(Street) (City) (State) (Zip)

Telephone # (Day) _____ ***ID#** _____ **Birth Date** _____

*** Driver's License or State Identification Number.**

Previous Certification # _____ **Date issued if known.** _____

Expiration Date _____

1. An individual wanting to reacquire a certification that was previously held.
2. Applicant must complete the State written and practical skills examination tests.
3. If applicant fails either test he/she must retake another training course.
4. Please list any additional names you may have been certified under. _____

Have you ever been charged or convicted of a crime other than minor traffic violations? Yes ☐ No ☐

Applicant's Signature _____ **Date** _____

Please return this form to:

**Certification Supervisor
Indiana Department of Homeland Security
302 West Washington, Room E239
Indianapolis, IN 46204
Questions?**